

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90058 042 ***150.00

DOCUMENT # K85427

1. Entity Name

THE WOODMILL, INC.

4180

4180

Principal Place of Business

**4810 WESTROADS DRIVE
 WEST PALM BEACH FL 33407**

Mailing Address

**4810 WESTROADS DRIVE
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

4180 WESTROADS DR

3. Mailing Address

4180 WESTROADS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPRB FL

City & State

WPRB

Zip

Country

33407

Zip

Country

33407

4. FEI Number

**651086923
 -65-0264850**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANSEVICH, CHARLES

**4810 WESTROADS DRIVE
 WEST PALM BEACH FL 33407**

4180

4180 WESTROADS

Name

Street Address (P.O. Box Number is Not Acceptable)

4180 WESTROADS DR

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Charles Dansevich

4/23/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
 NAME **DANSEVICH, CHARLES**
 STREET ADDRESS **4810 WESTROADS DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **4180 WESTROADS**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Dansevich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

Daytime Phone #

CR2E034 (9/01)